

U.S. Serial No. 09/933,987

**RECEIVED  
CENTRAL FAX CENTER**

JUN 17 2004

**OFFICIAL**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Jeffrey Alan Silvernail et al.

**Serial No.:** 09/933,987

**Filed:** 08/21/01

**Title:** PATTERNED OXYGEN AND MOISTURE ABSORBER FOR  
ORGANIC OPTOELECTRONIC DEVICE STRUCTURES

**Art Unit:** 2879

**Examiner:** Roy, Sikha

**Docket No.:** UDC-22501

*Fee mty*

VIA FACSIMILE 703-872-9318  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Sir:

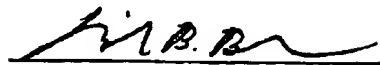
Responsive to the Office Action mailed March 17, 2004 in the above matter,  
please enter the following remarks.

1

07/05/2004 09:00:00 00000001 00000000 00000000

U.S. Serial No. 09/933,987

Respectfully submitted,



David B. Bonham  
Registration No. 34,297

Attorney for Applicant  
Mayer Fortkort & Williams, PC  
251 North Avenue West, 2<sup>nd</sup> Floor  
Westfield, NJ 07090  
Tel.: 703-433-0510  
Fax: 703-433-2362

**Certificate of Facsimile Transmission**

I hereby certify that this document and any  
document referenced herein is being sent to the  
United States Patent and Trademark office via  
Facsimile to: 703-872-9318 on June 17, 2004.

David B. Bonham

(Printed Name of Person Mailing Correspondence)



(Signature)

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

09/933987

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 - minus 20 =	
INDEPENDENT CLAIMS	- minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 32	Minus	** 32	=
Independent	* 4	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 37	Minus	** 32	= 5
Independent	* 4	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	90.00
X84=	
+280=	
TOTAL	90.00
ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.